

Illinois--Dept. of Public Health--  
Division of Child Hygiene and  
Public Health Nursing.  
Better baby conference.

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Isaac D. Rawlings, M. D.,

Director

Springfield, Ill.

# Better Baby Conference

What it is—Why it is

How to Organize and Conduct it

HEIGHT AND WEIGHT CHARTS FOR CHILDREN

Prepared by

DIVISION OF CHILD HYGIENE AND  
PUBLIC HEALTH NURSING

DR. C. W. EAST, Superintendent of Division.

(Additional copies supplied on request addressed to Dr. Isaac D. Rawlings, Director  
of Public Health, Springfield, Ill.)

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## A BETTER BABIES CONTEST

Within the past five years there has been an astonishing awakening as to the importance of devoting more attention to babies for the purpose of producing a better physical and intellectual type of men and women. To direct this interest into a channel which would be productive of practical results it was found necessary to educate parents as to what constitutes a sound baby or a normal baby. It was essential that there should be some standards toward which mothers should strive and it was found that the opinions in this regard entertained by large numbers of intelligent people were far from satisfactory.

Just as physical culture enthusiasts among adults strove for muscular development which approached deformity rather than natural development, so it was found that mothers were striving for mere fatness, for abnormal physical and mental accomplishment. The prevailing aim was overdevelopment rather than normal development, and, not infrequently, the overdevelopment desired was not of a kind that would give promise of a thoroughly satisfactory child.

It was on account of the demand for "the visualization of knowledge" about babies that the Better Babies Conferences sprung into such universal favor. At such conferences, conducted in a manner which imposes no hardship upon the child, expert physicians pass upon the physical and mental standing of individual babies, employing scientific methods in reaching their conclusions. The methods are exact and the parent is rewarded for a little effort by a definite opinion of his child's good points and his shortcomings. This opinion is given in terms that are "standardized"—that is, the contests conducted throughout the nation are so generally uniform that the scoring in one locality has its value in other localities. Further, the baby contest, aside from its practical value, brings into play the natural parental pride, the spirit of friendly rivalry and the interest of all persons directly or indirectly connected with the contestants.

Perhaps greater than the value to the individual child is the benefit to the child yet unborn and to child life as a whole—the centering of intelligent interest in children and in their sane and rational development.

### Object

The Better Babies Contest is a popular yet scientific movement to insure better babies and a better race. Physical and mental development only are considered: mere beauty does not count.

The Better Babies Contest makes for a better race of Americans because it teaches parents how to improve the physical condition of children already born and to protect those yet unborn.

It arouses interest in the conservation of child life and health and in all forms of child welfare work.

It forges a connecting link between parents and teachers, between the home and scientific study of child life.

It promotes civic interest in children of the community, their schools and their recreations.

And, finally, by means of a uniform score card it will supply to the medical profession what has long been wanting,—scientific data concerning the normal child.

The Better Babies Contest is most valuable to the community when it is conducted along educational rather than competitive lines. The greatest return which parents and children secure from the contest is more knowledge and better care through the examination of the child by competent physicians.

Parents leave the contest knowing more about their children than they ever knew before and the children are given a better start in life because of the knowledge gained by the parents. If this matter can be brought clearly before the parents and if children are entered not for prizes but for information and help the contest will be placed on the highest possible plane.

We, therefore, urge that no prizes of cash or merchandise be given but that the money which would be spent for this purpose be used for installing an educational exhibit or in doing some infant and child welfare work in the community. The medals and certificates presented are highly prized by the parents and will draw a large number of entries.

BETTER BABY CONFERENCES can be effectively carried out in a small way by a half dozen people quietly working through some interested organization or they can be made the center of a welfare movement in which hundreds of persons can have a part. In connection with the scoring contests can be held exhibits, lectures, motion picture shows, sermons, demonstrations and educational work looking toward permanent welfare organization. For the community in which there has never been inaugurated systematic and organized public health and social service work nothing makes a more stimulating appeal to the public or a sounder foundation for later activity than contests of this kind.

The scoring contest may be made the nucleus of a welfare campaign which may be broadened to include all problems of children up to six years of age; the better care of women before and at confinement (since the welfare of babies can not well be separated from the welfare of their mothers); proper birth registration and what it means to the baby as well as the community; the prevention of blindness; child labor legislation, the midwife problem, etc., etc.

A baby conference can be conducted by a woman's club with volunteer services from physicians and nurses or it can embrace scores of active organizations working together for weeks in a project community-wide in character. Any baby contest, large or small, can be successful if it is carefully planned, backed by popular organizations and carried out with system. Whether it be large or small, however, to guarantee success, every detail must be carefully worked out and all complications and difficulties must be anticipated.



The plan given here is merely suggestive. It can be elaborated or simplified to suit the needs of any particular community.

### Organization

THE BETTER BABY CONFERENCE, to be successful, should be given under the auspices of some organization interested in the public health and community welfare; but it should have the support and cooperation of all agencies interested in child welfare work as well as those interested in community betterment. The contest should be made to appeal to all classes, colors and creeds. In it social lines should not appear nor should it in any way savor of the patronage of the poorer classes by those more fortunately situated. As in all other features of public health work rich and poor are upon the same plane and are of equal importance.

In perfecting the organization the list should be headed by the mayor and other city officials. Both the district and the local health superintendent should be consulted and should be asked to take an important part. Their official cooperation may mean much to the enterprise, as may that of the county medical society and the physicians of the community. Cooperation and support should be secured from the woman's club, the churches, school teachers, parents or patrons' clubs, nurses' associations, the charity organizations and social settlements, the Y. M. C. A. and the Y. W. C. A., the camp-fire girls and the boy scouts, labor unions and fraternal organizations. The newspapers should be urged to give their cordial support. In most communities in which contests have been held they have proven the liveliest sort of news for the local press. The chamber of commerce or such other league of business men as there may be in the community will usually endorse the contest and, not infrequently, will assist in financing it.

If the presidents or representatives of all of these organizations will serve as members of an honorary committee the force of the movement will be greatly increased; but practical experience indicates that such an honorary committee must not be relied upon for a great part of the actual work of the undertaking.

In communities in which many of these organizations do not exist it is still possible to carry on successful contests. The organizations that do exist can be banded together and the town with cooperating churches, woman's club and newspaper has the nucleus for a strong better baby movement.

One of the great benefits to be derived from the contest is the fact that it may bring together so many organizations and individuals in the community for a common aim and that aim such a vitally important one.

THE APPOINTMENT OF AN EFFICIENT EXECUTIVE COMMITTEE is the first and one of the most important steps in launching a Better Baby Conference. This committee should be made up of individuals who can secure the cooperation of other agencies. They should plan all of the details and direct all arrangements before and during the

contest. They should appoint all other committees (or committee chairmen) and have general oversight of the work of all committees.

The executive committee should have permanent headquarters centrally located and open to inquiries by mail or telephone for some time (usually for two or three weeks) before the contest.

THE NUMBER AND SIZE OF COMMITTEES must depend upon the scope of the plan. Under the executive committee there should be a committee on place and equipment, a publicity committee, a registration or entries committee, an examining and scoring committee, a committee on awards, a committee on exhibits and demonstrations, a committee on lectures and a committee on follow-up work. This committee on follow-up work will have much to do with the establishment of permanent child welfare work in the community, if that is contemplated, or with the comparative ratings of babies if it is planned to hold the contest from year to year with the same babies undergoing subsequent examinations.

Sometimes a committee on finance and a committee on information, or an information bureau, are added to the foregoing committees.

Much of the success of any contest depends upon the care with which committees are chosen. There is no question but that the names of prominent people connected with the project will prove beneficial; but it must be remembered that many persons will "lend their names" to such a project without giving anything else. Bear in mind that mere names do not work.

In elaborate contests connected with extensive child welfare campaigns, the salary of an experienced director may be a wise expenditure.

### Time and Place

THE BABY CONFERENCE which is held during a county fair and takes place in the woman's building at the fair grounds has a distinct advantage in time and place. The crowds of people gathering there from town and country and the great interest in "prize winners" of all kinds will add popularity to the movement.

Then, too, the conference held during the fair presents an opportunity to reach hundreds of farm babies who could not be reached at any other time or place and to whom the advantages of the conference are invaluable.

If it is impracticable to hold the conference in connection with some established gathering of people, such as a fair or chautauqua, it may be successfully carried out in a suite of rooms in an office building, in the parlors of a hotel, in a parish or settlement house, in the auditorium of a school building, in a church or club, or in the Y. W. C. A.

THE PLACE SELECTED must be well heated, lighted and ventilated, with every convenience for the health and comfort of babies. Nothing can be more tragic than to have such a contest, designed for



the welfare and betterment of infants, result in the illness or death of a child, due to the lack of care or foresight of those behind it.

Tents are not satisfactory under ordinary circumstances on account of lack of conveniences and sanitary facilities. Tents are very hot in midsummer and are apt to be damp in inclement weather.

THE SCORING SHOULD BE DONE during the morning and early afternoon—never at night. The examinations should be made in private, only the mother, the nurse, the scorer and the examiner being present.

At least thirty minutes should be allowed for the complete examination of each child and the committee on registration should appoint a definite hour for each child. It is brutal to have mothers and babies waiting for long periods of time for examination.

In order to save time and prevent confusion mothers should be requested not to bring their children before the hour designated, but to be very prompt at the appointed time. It is unjust to the child to examine him when he is tired and fretful.

The publicity committee may find it desirable to hold a public examination in order to arouse interest and educate the people as to the value of examinations. If the rooms are not so arranged that the ordinary examinations may be seen from without, (as suggested in the following paragraph), the demonstration should be given some public place in plain view but at some distance from the audience and each step of the process should be carefully explained.

### Rooms and Equipment

THE SCORING COMMITTEE will find it almost necessary to have at least four rooms at their disposal, one of which should be small and may be separated from the others. In elaborate contests it may be found practicable to have one large room divided into smaller rooms with glass partitions. By allowing broad passages between these compartments spectators may view the examination from outside and without interfering with the work of the examiners. If such a plan is carried out the floors in the passages should be deadened and the partitions should be substantial so that the examining rooms may be kept quiet. Curtains should be provided so that the glass may be covered when desired or when the crowd of spectators becomes too large.

THE RECEPTION ROOM where contestants are received and where they await the call to the examining room should be large enough to comfortably accommodate twenty-five mothers and babies.

It should be: Light and airy.

Scrupulously clean.

Comfortable chairs and cots.

Cool water and individual water cups.

Large paper bags for babies' clothes.

Pins.

Towels.

Large squares of cotton flannel.



Entries committee should be located near the reception room, with tables, blanks and stationery. This committee should be on hand all through the contest to enter the babies and start them on their rounds and to give necessary information to interested persons.

THE ROOM FOR MENTAL TESTS should be quiet and free from interruption. (If possible have several of these small rooms, each with its examiner.) Only the parent and physician should be present for this test. The room should be furnished with a couple of chairs, a table and the special articles employed in the test, such as toys, pictures and mirror.

THE THIRD ROOM is used for weighing and measuring. It should be large enough to accommodate three examiners and three nurses.

Each physician should be supplied with a :

- Table.
- Accurately tested scales.
- Weighing pads.
- A measuring board.
- A pair of calipers or pelvimeter.
- New linen tape measures.
- Steel tape line.
- Plenty of tissue paper.
- A dermatograph.
- Flesh pencil (for marking measurements).
- Pen and ink (for marking score cards).

The measuring board should be 4 feet long with stationary head and a footpiece which slides in a groove behind the scale.

THE FOURTH ROOM is for general examination and should be large enough to accommodate four or five physicians. Each should be supplied with a table and chair, stethoscope, wooden tongue depressors, flashlights, cotton, and other necessary articles.

In every room there should be running water, if possible. If running water is not available, there should be an abundant supply of pure water with plenty of paper towels and, placed conveniently for each examiner, there should be a bowl of antiseptic solution prepared according to the direction of the physician in charge.

One of the lessons which the conference is supposed to teach and one which can never be repeated too often in any form of public health work is that of absolute cleanliness. Soap, water and paper towels should be much in evidence and all hands should be washed after handling one baby and before turning attention to another.

In one room provision should be made for sterilizing instruments. There should be roomy and convenient toilet facilities. A refrigerator and a nearby sleeping room will be found of advantage. A check room is absolutely necessary.

If requested, physicians or surgical supply houses will usually loan much if not all of the necessary equipment. Department stores will be glad to furnish other necessary articles for any of the rooms.

IF THE CONTEST MANAGEMENT is not pressed for funds money should be spent freely to attain scrupulous cleanliness. Where possible the woodwork should be of white with high glass finish; the floors, unless of hard wood and perfect, should be covered with linoleum in light colors and simple design; sash curtains, if employed, should be of plain material and freshly laundered; all persons coming in contact with the babies should wear gowns covering their street clothing or frocks of wash material. A soiled apron or neglected finger nails on the part of a nurse or examiner may undo the benefits of a thousand wise sayings and a score of high-sounding lectures.

Equipment, furniture, instruments and utensils should be new or newly enameled or polished. Pans and dishes should be of white enamel.

A 25 cent can of white paint will cause a deal table to preach a sermon on cleanliness.

Behind the appearance of cleanliness, however, there should be real cleanliness, which means soap, scrubbing brushes and hard work.

### Publicity

NO PART of a successful Better Baby Conference is more important than the advertising. The plans and purpose of the conference should be published as widely and as often as possible by means of posters, handbills, motion pictures, newspaper articles and announcements in public gatherings. Of all forms of publicity none is so important as the public press, and newspaper cooperation must be obtained. If the committee prepares special child welfare stories in good newspaper form, the papers will not refuse them and they have permanent educational value. It may be well to have a newspaper woman on the publicity committee to prepare this material.

If the conference is to be held at the county fair the official bulletins and the premium lists should announce it.

Notices of the date and object of the conference should be given in churches, schools and clubs. Popular lectures or short talks before almost any public gatherings will stimulate interest in the conference and at the same time present an opportunity for giving instructive hints to parents. Slides for the movie houses and five minute speakers.

In rural communities the distribution of announcements from some central place, preferably the post office, is an excellent way to get the information into every household.

In giving out information for newspaper or for other publicity purposes it is always better to furnish written "copy," and such copy should always be handled by the same person or committee. The reporters should be notified as to what person is the official spokesman of the conference.

At times, in communities where public health and welfare work have not been done, newspapers expect to carry conference publicity



as paid advertising matter. If it is brought to the attention of the editor or publisher that such space and publicity are invariably contributed to the cause throughout the length and breadth of the nation the newspapers will readily fall in with the plan.

As a matter of fact newspapers earn their existence by the sale of their space and the demands upon them from charitable and philanthropic agencies are enormous. Child welfare, however, like tuberculosis, never fails to obtain their support. Without the newspapers the enormous progress of the past few years in the conservation of child life could never have been accomplished.

NO LINE OF PUBLICITY is more important than the adoption of a special community slogan for the conference. Dozens of short, well-phrased expressions have been successfully used in different towns and may be borrowed; but if something individual and unique can be found for your town, so much the better. "Better Babies for Bigger Burlington," "Save the Babies and the Men Will Take Care of Themselves," "Healthier Babies are Wealthier Babies," "The Healthy Baby is the Happy Baby," "Better Air, Better Fare, Better Care for Every Baby," "Baby Health, Nation's Wealth," "Baby Health—Civic Wealth," "Let's Make a Better Nation by Baby Conservation," "The Best for Baby," are some suggestions. If a prize is offered for the best slogan it will stimulate interest and make good newspaper material.

Having selected your slogan it should be used over and over again till it "gets" the public by force of repetition. Put it on window cards with an attractive baby's picture; use it on banners; print it on the contest score cards and application blanks; paste it on billboards; distribute it on handbills and repeat it in newspaper headlines. Ask your local artist to draw or paint a smiling baby and have cuts made from the picture; reproduce on all letterheads, bulletins and circulars; this is attractive and effective publicity.

Adopt conference colors (baby blue and white are always popular) and use them in banners and other decorations.

Sometimes celluloid buttons bearing the slogan are good advertising but they are expensive and only successful when thousands of them are used.

### Registration

THE REGISTRATION OR ENTRIES COMMITTEE is charged with a very important part of the work. It should have at least ten members, people with influence and executive ability who will work continuously, for it is their duty to interest women in the contest and persuade them to enter their babies. They decide upon the classes of entries and the division of prizes. They must receive all applications for admission to the contest and assign them in the various divisions. They appoint the time for each examination and notify the parents of the day and hour.

Different aged children should be examined on different days or at different hours. It greatly simplifies the work for all concerned if the babies of one age division are all examined at one time.

They must announce through the newspapers the date of the contest and just when applications for entrance will be received at headquarters.

They must state the age limit on entries and the hour at which the lists will be closed. One or two members of this committee should be constantly in attendance during the contest and should be able to explain to parents the details of the examination which the baby is to undergo.

### Scoring

THE MEMBERS OF THE SCORING COMMITTEE must be prepared to give much time to the work. They must be accurate and quick in filling score cards and recording the findings of the examiners. For the average contest there should be at least twenty scorers. One person should be in charge of the scorers and it is very important that the scorers become perfectly familiar with the score card and the method of using it before the contest begins. This may require several meetings and conferences.

THE SELECTION OF PHYSICIANS AND NURSES for making the examinations is most important. There must be the right number for each day, and when an unusual number of examinations are to be made each examiner should have an assistant.

If possible there should be specialists for the different lines of work; a psychiatrist to make the mental test; an eye, ear, nose and throat specialist; a dentist; several physicians for the physical examinations; trained nurses to make measurements and act as dressing room assistants. Local physicians and nurses are usually glad to do this work and as there should be at least one examiner for each ten entries it is possible to use as many of them as are willing to serve.

All examiners should understand the necessity of being prompt at their appointments. Failure to do so will disarrange the entire schedule of examinations and be unfair to all concerned.

If a "dress rehearsal" can be held a few days before the contest, with examiners and scorers in attendance, much time may be saved and confusion avoided.

THE COMMITTEE ON PRIZES decides the number and value of prizes, medals, certificates and ribbons and arranges for the formal presentation of all premiums at the close of the contest.

Merchants, banks, organizations and prominent citizens are usually glad to donate the prizes required. The prizes may be as simple or elaborate as seems desirable. As a rule it is better to have premiums of such character that they may be preserved for many years. Silver cups, suitably inscribed, prove most satisfactory.

The committee should bear in mind constantly that receiving a prize at a Better Baby Conference is a matter of the utmost interest to parents. This parental pride is an important and valuable factor not only in the success of the Conference but in the results to be derived from it.



In connection with the giving of prizes to Better Babies a very interesting and unique feature is the prize contest in which mothers may compete for the best answers to a series of questions on the care of the baby.

### Exhibits and Demonstrations

WHILE EXHIBITS AND DEMONSTRATIONS are not necessarily a part of a scoring contest they can be so easily associated with it and are of such educational value that the opportunity should not be lost. A good child welfare exhibit, no matter how simple, illustrating local conditions and the work of local organizations, if placed near the rooms where the contest is being held, will prove a very popular feature. If possible members of the exhibits committee should serve as guides or lecturers at the exhibit, and distribute circulars.

A demonstration which never fails to attract attention and interest is that of bathing and dressing the baby. This should be carried out by a graduate nurse. Life-sized manikins of the baby may be used in the demonstration. Local merchants are usually glad to lend clothing, tubs, towels and other equipment for this exhibition; they consider it splendid advertising.

A program of public meetings to be held in connection with the exhibit will arouse community interest in child welfare. The number and scope of such meetings should be determined by the local need. In some communities a mass meeting at the close of the contest with speeches by the mayor and other prominent citizens will focus all the efforts of the contest and result in the establishment of permanent welfare work of some sort.

In some communities several meetings of this kind, with formal lectures on child welfare and kindred subjects are necessary before people can be aroused to the need of permanent work. Lectures and demonstrations might be given on pure milk, the proper preparation of infant foods, the arrangement of sleeping quarters; talks on home hygiene, supervised play, sanitary clothing and toys, the prevention of infant mortality, children's stories, the conditions under which children work, school inspection, the health of parents and kindred subjects.

Motion pictures effectively illustrating these subjects and many others can be rented at reasonable rates from film agencies or obtained from public health organizations. As a result of Better Baby Conference and the educational exhibits shown with it many communities become interested enough to undertake fly-exterminating and clean-up campaigns, law enforcement in regard to birth and death registration, reporting and quarantine of contagious diseases, milk inspection, anti-spitting ordinance, frequent water analyses and other features of public health activity.

The committee on exhibits should encourage local merchants to give their show windows over to the display of appropriate baby

furnishings. Almost every kind of business, from hardware to jewelry, handles something for the baby and the enterprising merchant is glad to make use of the advertising possibilities of the contest.

THE SPECIAL COMMITTEE FOR FOLLOW-UP WORK, if there should be one, should undertake the task of establishing permanent welfare stations, open-air schools, playgrounds and other agencies for the improvement of babies as the natural outgrowth of the interest created by the contest.

The particular needs of the community will determine the direction of the follow-up work. Practical suggestions are: clean-up week, in which sanitation and beautification of the community are brought home to the public; the importance of regular milk inspection; the dangers of the fly; the necessity for obedience to quarantine regulations; visiting nurses and free medical advice available to those who need it; the application of the mothers' pension law; medical inspection of schools; nutritional work and hot lunches in the school; the enforcement of birth registration laws and tuberculin tests for cattle; providing for all victims of infantile paralysis opportunity for proper after-care; the employment of a full-time health officer, etc. It is never wise to undertake too many new lines of work, but the outcome of a better baby conference should be some community betterment and a great good can be accomplished if the enthusiasm is directed toward the right ends—or toward one much-needed end.

The plan of holding a second contest six months or a year later which shall be an "improvement contest" may be adopted by this committee—in which case, records of all examinations and tests should be carefully filed away. Occasional reminders should be sent to parents urging the continuation of baby's improvement, or a simple monthly report of the baby's condition might be requested by the committee. Six months or a year later (the date to be announced by the committee at the time of original contest) an invitation or notice should be sent to all former contestants. The children should be examined and tested as carefully as the first time. After comparison of the old and new records prizes should be awarded to the children showing the greatest improvement in weight, in general condition and in growth.

### Procedure

WHEN THE BETTER BABY CONFERENCE ORGANIZATION IS COMPLETED there should be a meeting of all committees and the general plan should be discussed. Each member of each committee should be made to clearly understand just what is expected of him. To centralize responsibility it is perhaps better to charge the committee chairmen with the duty of instructing the members of their own committees. In this case the chairman should be kept in constant and close touch with the central or executive committee.

There should be at least one general meeting of the committees and representatives of all cooperating agencies at which the com-



plete plan is fully explained by some one familiar with it. Even those who take no active part should know enough about the conference to talk about it intelligently.

AFTER DATES and details are settled the publicity committee should bring the whole project to the people through the newspapers. The dates for the actual contest should be determined well in advance and the public should be advised as to the dates between which applications for entry will be received. The date for closing entries should be long enough before the contest to give the committee a definite knowledge of the number of contestants so that proper arrangements may be made for them. Nothing is more unfortunate than to have scores of fretful babies received at the last moment, with inadequate provision for their care.

APPLICATION BLANKS and score cards should be provided and the applications should all be received in regular form. Specimen blanks will be found in these pages and the blanks themselves may be obtained upon application to the State Board of Health.

The application should be filed according to the classes of entries, as follows:

#### Classes of Entries

- Class I. Boys 6 to 12 months.
- Class II. Girls 6 to 12 months.
- Class III. Boys 12 to 24 months.
- Class IV. Girls 12 to 24 months.
- Class V. Boys 24 to 36 months.
- Class VI. Girls 24 to 36 months.

If desirable other classes of entries may be for:

- Class VII. Boys 3 to 4 years.
- Class VIII. Girls 3 to 4 years.
- Class IX. Boys 4 to 5 years.
- Class X. Girls 4 to 5 years.

In some cases these classes are subdivided into groups of babies of (a) rural communities and (b) cities; all communities showing more than 2,000 population being classed as cities.

In addition to these class contests there will also be sweepstake and championship contests held among the successful initial contestants, as follows:

**SWEEPSTAKES:** Highest scoring boy, any age; highest scoring girl, any age.

**CHAMPIONSHIP:** Highest scoring child, any age.

**GRAND MERIT PRIZE:** Child showing greatest percentage of improvement in score since previous contest.

#### Conducting the Contest

ON THE DAY OF THE CONTEST the baby is brought at the hour designated for that particular child and is received by someone acting for the registration committee.

When the enrollment has been properly made the nurse in charge makes a hasty examination for symptoms of contagious disease, AND AT ONCE EXCLUDES ANY BABIES WITH COLDS, RASH, COUGH INFLAMED EYES OR PHYSICAL ABNORMALITIES THAT WOULD NATURALLY DISQUALIFY THEM.

THIS IS A MOST IMPORTANT POINT. Failure to have such an examination made may be responsible for an epidemic touching hundreds of children.

The baby is given a numbered tag which is tied around his wrist.

In the dressing room, the baby's outer wraps are removed and placed in a paper bag bearing his number. In the reception room the registration (or entries) committee fills out duplicate application blanks, unless this has been done at the headquarters before the opening of the contest. One card remains on file with the committee, and the other is handed to the mother.

### BETTER BABIES CONFERENCE APPLICATION AND APPOINTMENT BLANK

(One copy to be given to the mother, and the other to be retained by the committee.)

Entry number.....Class.....

Name of organization.....

Date of contest.....

Name of child.....

Address.....

Age in months.....Sex.....

Entered by.....

Address.....

Appointment.....Time.....Place.....

Enrollment made by.....

REGISTRATION COMMITTEE.

Duplicate to be presented by mother at

.....and.....

Time.

Place.

The blank written in duplicate with carbon paper will preclude the possibility of errors in copying, the mother presenting an actual carbon copy of the original blank.

AFTER THE APPLICATION is completed a scorer questions mother and fills out the first section of the score card. Official score cards will be sent on application to THE STATE DEPARTMENT OF PUBLIC HEALTH.

### I.—Mental and Development Tests

MOTHER AND CHILD are then sent to the examiner who makes the mental test; she carries the baby's score card to be filled out by the examiner.



By repeated trials it has been found that one person can make the mental tests as rapidly as two take measurements and three or four give the physical examination.

The mental test, which is designed only for the purpose of discovering whether the baby is actually mentally deficient, may be made by a psychologist or kindergartner if a physician is not available.

Tactfulness, patience and familiarity with children are more important than professional training. The test should be made informally, in a quiet room and before the child is tired or nervous.

The examiner should mark X after each test in which the child fails; every X means a penalty, so where there are no defects, the score is left blank. Examiners do not compute scores—this is the work of the scoring committee.

This test need take only five to ten minutes. When it is finished the baby is carried to the reception room and undressed. The bag holding his clothing is numbered and checked, the baby is wrapped in a square of cotton flannel and carried to the physical examination room.

## II.—Physical Examination

(Again the scorer marks X for each defect but does not complete the score.)

A QUICK AND ACCURATE SCORER is a great help to the physician giving the physical examination. It can be done rapidly and at the same time thoroughly if the scorer, seated at one end of the table, calls out in turn the tests to be made and fills out the score card as the physician handling the baby announces his findings.

### What Constitutes a Defect

In order that the findings of different physicians may be more nearly equal the following suggestions are offered for use with the score card.

**FEATURES.** Do not penalize except for MARKED IRREGULARITY, such as unusual depression in bridge of nose, receding or projecting chin, or receding forehead.

**HEAD.** Penalize for abnormal size in proportion to the rest of the body. The shape may indicate rickets or hydrocephalus. Examine carefully for soft spots indicating nutritional disorders.

**HAIR AND SCALP.** Penalize for milk crust, scabs, scaling or any eruption. A bald spot on the back of the head or brittle hair indicates nutritional disease. Penalize for dirty or dandruffy scalp. Do not penalize the child under 1 year for scanty hair.

**FONTANEL.** Do not penalize for delayed closure except in child over eighteen months of age.

**NECK.** Do not penalize minute glands. Penalize scars resulting from discharging sinus, eruption and following trauma.

**CHEST.** Do not penalize for barrel shaped chest under one year of age. Penalize for markedly depressed sternum, for soft ribs (bending in during inspiration) and for rales of any kind. If in stethoscopic examination faulty breathing or heart murmurs are discovered the mother should be advised to take the baby to her physician for thorough examination.

**BACK.** Penalize for any curvature in the spine—lordosis, kyphosis, or scoliosis.

**ABDOMEN.** Penalize for abnormal distension. Sometimes measurement is necessary to determine whether a protruberance is abnormal. Penalize for rupture of the navel or at the groin.

**ARMS AND HANDS.** Penalize for asymmetry (indicating nutritional disturbances). The proper length should be determined by putting both arms close to the sides. Will the ends of the fingers come two-thirds of the way down the thigh bone when arms and fingers are forcibly straightened? Look for flabby muscles in fat children as well as in thin. Penalize for nail defects caused by onychia and syphilis, and for brittle or bitten nails.

**GENITALIA.** Penalize for any discharge. Vaginitis is quite common. Adherent prepuce should not be penalized unless redundant or inflammation is present.

**LEGS AND FEET.** Penalize for flabby muscles, bow legs, knock-knees, curvature of thigh bones, enlarged epiphyses from any cause and for flat feet after eighteen months.

**POSTURE AND GAIT.** Examine in sitting posture up to eighteen months of age. Do not penalize for gait until after the eighteenth month.

**SKIN.** Do not penalize for small insignificant birth marks, moles or bruises caused by minor accidents. Penalize for eruption of any kind, even though very slight, and for scratches resulting from attempts to relieve an eruption. Rough hands and cheeks due to outdoor life should not be penalized unless excessive. Excessive hair on arms, legs, back or chest should be penalized, as should pallor from anemia.

**NUTRITION.** A child is abnormally "thin" when he appears so poorly nourished as to attract attention. He is abnormally "fat" when he is overburdened with fat and lacks strength to stand and walk easily.

### III.—Oral and Dental

(To be given by dentist if possible.)

**THE EXAMINER** should be provided with a pocket flashlight, headlight and such instruments as he considers necessary for simple examinations.

**MOUTH.** Penalize for bleeding, swollen or spongy gums, or any form of stomatitis, gingivitis or inflammation. Penalize for coated or enlarged tongue.



TEETH. Do not penalize under eight months for delayed dentition. A child should have:

8 teeth at 1 year	16 teeth at 18 months
12 teeth at 16 months	20 teeth at 2½ years

#### IV.—Eye, Ear, Nose and Throat

(This examination should be made by a specialist.)

EYES. Penalize for pale mucous membranes resulting from anemia. Do not penalize for abnormal position of eyes showing merely racial traits. Abnormally shaped, defective or inflamed lids should be penalized.

EARS. Do not penalize for abnormal shape except when so marked as to indicate a neurotic tendency. Protruding or discharging ears should always be penalized.

NOSE. Penalize for obstructed breathing with the mouth closed and for discharge from the nose. Except for children under one year old a depressed bridge caused by nasal obstruction and diseased cartilage or bone should be penalized.

THROAT. Examine every throat with a pocket flashlight. Penalize for diseased or enlarged tonsils. If the physician suspects the presence of adenoids he should make an examination with the finger.

The baby is now taken to the measuring room.

#### V.—Measurements

THERE SHOULD be at least two physicians (or nurses) and two scorers to make these tests. It saves time if one person does all the weighing and another all the measuring.

Have the room well lighted and the equipment conveniently placed.

It is most important that all measurements shall be exact and examiners must expect to do some remeasuring and weighing to insure accurate results. If examiners are careless or hurried their figures will probably be challenged, in which case the chairman of the scoring committee should recall the child and measurements should be taken a second time.

In comparing actual measurements with the standard measurements examiners should make allowance for nervousness and restlessness in the baby and penalize only for the following variations from standard, either above or below:

One-half inch in height.

One and one-half pounds in weight.

One-fourth inch circumference of head.

One-half inch circumference of chest.

One-half inch circumference of abdomen.

One-half inch antero-posterior or lateral diameter of chest.

One-half inch arm or leg measurement.

If the height of the child varies more than one-half inch from the standard for his age he is penalized on height. In this case,

however, the height is accepted to indicate the age in the rest of the weight and measurement tests. That is, if a child of nine months is below height for nine months, he is penalized for height, but is carried for the rest of the test at the age to which his height corresponds. Hence, a 9-months-old child with the height of an 8-months old child may score 80 per cent provided he conforms to all other standards for an 8-months-old child.

**HEIGHT.** The child under two years must be measured lying down on the measuring board. His back should be flat against the board, his head exactly touching the head board in an easy position and his feet against the movable foot piece. After two years of age a child's height should be taken standing. Set the measuring board on end, stand the child erect on the head piece, the back of his head, trunk and heels touching the board, then adjust the sliding board to the top of his head. (One and one-half inch variation allowed.)

**CIRCUMFERENCE OF HEAD.** Place the tape firmly about the largest part of the head, the protuberances in back and front. (One-fourth inch variation allowed.)

**CIRCUMFERENCE OF CHEST.** Measure at the nipple line. (One-half inch variation allowed.)

**CIRCUMFERENCE OF ABDOMEN.** Measure at the navel line, with tape held easy. (One-half inch variation allowed.)

**LATERAL DIAMETER OF CHEST.** Measure with pelvimeter at nipple line. With fat children the instrument should be pressed closely to the ribs. (One-half inch variation allowed.)

**LATERAL DIAMETER OF CHEST FROM FRONT TO BACK.** Measure with pelvimeter at nipple line. (One-half inch variation allowed.)

**LENGTH OF ARM.** Measure from the tip of the acromion to the end of the middle finger when the arm is held close to the side with elbow and fingers straight. (One-half inch variation allowed.)

**LENGTH OF LEG.** Measure infants under two years lying down, over two years standing. Measure from the tip of the greater trochanter to bottom of foot. (One-half inch variation allowed.)

**WEIGHT.** One and one-half pounds variation from standard allowed.

WHEN THE EXAMINATION has been completed the mother leaves the score card with the scoring committee, who complete the total score. At the close of the contest time enough must be allowed for careful computation of all scores before the names of the prize winners are sent to the committee on prizes.

The five highest scoring babies in each class should be re-examined if it is possible. Sometimes it is necessary to verify details, especially in the mental test, if several scores are very close.

To the mothers whose babies have scored very low or failed to qualify an invitation should be sent to attend a special conference of mothers and physicians. At such a meeting, informal talks might be given by physicians on "Why Babies Fail," and how their health can be improved.



Women should be encouraged to ask questions and urged to visit the welfare exhibit. These mothers should be interested in the six-months improvement contest and urged to try for the prize.

The prize awarding ought to be advertised as much as possible; connected with the presentation ceremony a specialist should explain and emphasize the points which make the babies prize winners. The difference between health and beauty points ought to be made clear.

All score cards should be carefully preserved; they contain more accurate and comprehensive statistics than could be obtained in any other way and will be valuable to the welfare society and the health department.

The State Department of Public Health will gladly supply committees with uniform record sheets for recording results of better babies contests and ask that such sheets be filled out and returned to the office of the department.

### Public Health Exhibit Material

THE STATE DEPARTMENT OF PUBLIC HEALTH maintains in its loan service an elaborate mobile exhibit equipment that is available for use in any community of the State. This equipment consists of mechanical models, stationary models, motion picture films, stereopticon slides, wall-panels, posters and charts. All of this material has been designed to depict important and fundamental health principles with the end in view of educating the citizens of Illinois in preventing disease and promoting health and longevity. All or part of it have already been shown in many places with very gratifying results.

The equipment has been constructed in such a way that it can easily be adjusted for display in connection with almost any kind of a program that has a bearing upon public health. At state-wide events such as the Pageant of Progress in Chicago and the State Fair in Springfield the material has been displayed in a manner that attracted the thoughtful attention of thousands of visitors and stimulated favorable comment in the columns of leading daily newspapers. Parts of it have been shown to splendid advantage in connection with county fairs and local meetings of various kinds. It is suitable alike for urban and rural demonstrations.

Any community in Illinois may secure all or any part of the exhibit equipment for local use without cost other than the transportation charges one way and the local expenses of the equipment and (when necessary) an experienced operator.

A brief description of the various models together with the approximate length and weight of each appears below. The length indicates the lineal space required in booths not less than ten feet deep. Where electrical connections are necessary it is so stated, following the description in each case. A list of the motion picture films, lantern slides, posters and charts that are available is also given.

## Models

## 1.—INFANT DEATH RATE.

This model consists of baby dolls attached to three revolving cylinders appropriately housed. Above each cylinder crouches a skeleton figure of death that cuts down with his sickle every fifth, tenth and twentieth dolls respectively, thus showing in a graphic and realistic manner the infant death rate in Illinois for 1910 and 1920 and as it will be in 1930 if the same rate of decrease is maintained. In the background behind the figures of death is pictured a cemetery that shows the eternal resting place of the innocent victims.

Electrical.

Weight 750 lbs.

Length 10 ft.

## 2.—INFANT DEATH RATE.

Same as No. 1 except that it has but one cylinder, indicating the infant mortality for 1920 only.

Electrical.

Weight 150 lbs.

Length 4 ft.

## 3.—CITY DEATH RATE.

A model that shows in a striking manner the death rates in cities of Illinois with 20,000 or more people and indicates those with a rate higher and a rate lower than the state average.

Stationary.

Weight 125 lbs.

Length 6 ft.

## 4.—BREATHING DOLLS.

This model consists of two bed rooms, one with open windows and one with closed windows. Two dolls occupy beds in each and, by mechanical device, smoke is emitted through the nostrils of the sleeping dolls. Although the smoke supplied in each room is the same the air in the room with the open windows remains quite clear while the other is heavily clouded and this entirely without forced draughts. Some educational models attain their results through illusion. This is strong and effective because it is an honest illustration of just what the open windows will do to the air of the sleeping room. The display is an excellent demonstration of the importance of ventilation.

Electrical.

Weight 285 lbs.

Length 10 ft.

## 5.—SMALLPOX—VACCINATION.

This model consists of an ingenious mechanical device whereby an epidemic of smallpox is shown as a volcanic eruption, smoke, etc., pouring from the crater of the volcano until finally the electric lighting shows a smallpox outbreak hovers over all. At this point a long arm, designated by electric lights as vaccination comes down as a snuffer and completely cuts off all eruption from the volcano.

Electrical.

Weight 475 lbs.

Length 7 ft.



#### 6.—SWAPPING GERMS.

This model consists of mechanical equipment that shows a large boy allowing a smaller boy to suck his candy and thereby establishing a means of transferring germs from one person to another. The model is especially attractive to children, the ones who profit most by the splendid lesson.

Electrical.                      Weight 75 lbs.                      Length 3 ft.

#### 7.—SILVER DOLLARS.

Consists of a painting to scale that shows the average cost per day of ten common communicable, and therefore preventable, diseases in Illinois in a column of silver dollars. Compared with this are six of the highest towers and buildings in the world and the column of dollars is the highest by far.

Stationary.                      Weight 60 lbs.                      Length 7 ft.

#### 8.—DIPHTHERIA ANTITOXIN.

A model that consists of four bed rooms where diphtheria patients are housed. In front of each is shown a miniature cemetery that demonstrates in a most telling way the death rate from diphtheria according to the day, after onset, upon which antitoxin is administered.

Stationary.                      Weight 80 lbs.                      Length 3½ ft.

### Motion Picture Films

#### 1.—THE PRICELESS GIFT OF HEALTH. (1 Reel.)

The story illustrated in this picture is one of the "Child Welfare" variety showing the career of two boys one of whom grew up under hygienic conditions to healthy manhood while the other boy, whose mother thought "any milk was good enough so long as it was cheap," allowed him to grow up improperly cared for with the result that he was unfitted for life's work.

#### 2.—TOMMY'S BIRTH CERTIFICATE. (1 Reel.)

An educational picture of human interest to impress upon the public the importance and necessity of recording births, setting forth the embarrassments and misfortunes that may beset any individual whose birth has not been recorded.

#### 3.—SUMMER BABIES. (1 Reel.)

The proper care of babies in summer time and the work of the child welfare nurse is presented in a most entertaining manner.

### Slides, Posters and Charts

Sets of lantern slides on the house fly, tuberculosis, laboratory methods and sanitation are available. Those dealing with sanitation refer largely to public water supplies and sewage disposal and are valuable only when accompanied by a lecturer.

Posters and wall panels on the subjects and in the quantities named below are available. These are especially suitable for school use and the instruction of children.

	Number in each set
Prenatal Care.....	10
Physical Care of Babies—1st and 2nd series.....	26
Hygiene for School Children.....	12
Prevention of Tuberculosis in Childhood.....	10
Babes in Healthland.....	8
Mental and Moral Development of Children (9 groups).....	45
The American Citizen.....	25
The A-1 American Boy.....	10
The A-1 American Girl.....	10
Good and Bad Housing.....	6
Health and Character (racial ideals).....	10
Mother Goose Health Rhymes.....	8
Communicable Diseases (panels).....	15
Nutrition .....	29
Vital Statistics (charts and panels).....	10

Wall charts that show the birth and death rates for the State and for various political units, such as cities and counties, are available. The death rate tabulations are made out for various age groups and for various causes of death.

NOTE.—Those who desire the use of any of the material listed above should make application to the State Department of Public Health at least two weeks in advance of date for showing.

### Publications

The Illinois Department of Public Health will supply the following literature in reasonable quantities:

- “Our Babies, How to Keep Them Well and Happy.”
- “Diet Lists for Infants and Children.”
- “Milk.”
- “Prenatal Care and Baby’s Health.”
- “Cause, Prevention and Cure of Tuberculosis.”
- “Infantile Paralysis.”
- “How to Fight the Fly.”
- “Disinfection.”
- “Rules and Regulations: Contagious Diseases.”

### Suggestive Program for Baby Week

The following program for the week is suggestive and elastic. Certain features may be elaborated and enlarged while others may receive less attention or may be omitted altogether. The present method of the celebration of Baby Week is the result of pioneer work



in many communities. These suggestions have been gathered together from the experience of past years in many of the states of the Union. It is especially urged that, when local conditions are favorable, original plans and features be developed in every possible way.

While not included in this program it is understood that the scoring contest, previously described in these pages, will be held during the week and that the chief events of the contest will be coordinated with the general plan of the week in the manner which seems most convenient and effective.

**PRELIMINARY WORK.** Preparation for baby week should be begun several weeks in advance of the selected date. This preliminary work must include:

1. The appointment of all committees.
2. Securing literature such as described on other pages of this circular.
3. The definite arrangement of the program.
4. A careful study of the birth registration in the community to ascertain how completely all births are registered.
5. A study of infant mortality in the community.
6. Preparation of this information relative to the "baby problem" of the community for use in an exhibit.
7. Wide publicity relative to the community's baby problem, the scoring contest and a baby week program through the newspapers.
8. Issuance of a proclamation by the mayor and health department making baby week an official community affair.

## The Program

### FIRST DAY\*—INAUGURATION DAY.

Mass meeting with address by mayor or health officer. Distribution of flags or banners by school children, open air crusades or boy scouts to all houses in which there are babies. These flags will be displayed all through the week.

### SECOND DAY—BABY SUNDAY.

The program of the week should be announced from the pulpit in all churches. Physicians and members of the baby week committee may speak in the churches explaining the aims and purposes of the week. Special Sunday school celebrations similar to the "cradle roll celebrations" observed in some churches. Special feature articles in the Sunday newspapers.

### THIRD DAY—BETTER MOTHERS' DAY.

A mass meeting of mothers during which questions may be asked the mothers and a prize awarded for the best written replies. This

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\*In this program "Baby Week" begins on Saturday and continues six days.

day the mothers will visit all agencies for child welfare, such as infant welfare stations, day nurseries, children's hospitals, open-air camps, etc., all of which will have open house on that day. If this pilgrimage is made in decorated automobiles, much added publicity will be given to the week.

#### FOURTH DAY—BETTER FATHERS' DAY.

Short meetings in shops and factories and other men's meetings, at which will be discussed the obligation of fathers, the social evil and all other subjects relative to the father and the child. The newspapers should contain special articles on fathers and children.

#### FIFTH DAY—LITTLE MOTHERS' DAY—SCHOOL DAY.

Special celebrations in the schools. Essay contests among school children. Plays bearing upon child welfare. Teaching infant hygiene to school girls.

#### SIXTH DAY—PERMANENT ORGANIZATION DAY.

Mass meeting to outline permanent follow-up work. Opening of a welfare station. Announcement of prizes in scoring contest.

### Health Publicity

The fight against all the preventable diseases depends upon accurate knowledge of their causes, efficient machinery of public health administration, and publicity to teach the people how to avoid them. If people do not know what dangers threaten how can they avoid them? How shall they know, except through publicity and education?

If people do not know, for example, that typhoid fever is largely a food and water-borne disease and that every case of typhoid is a serious menace to the whole community until it has recovered and been found by microscopic tests to be free from typhoid germs; if people do not understand why strict isolation of such patients, efficient quarantine, is the only way to prevent its spread to healthy individuals; if people do not comprehend that real cleanliness in typhoid fever means the destruction of all the typhoid germs that are given off in the discharges of the patient; if they do not know that it is dangerous for nurses to attend typhoid patients in a hospital, or anywhere else, and at the same time care for other patients; if the poor families and those with little education can not get these and other facts, vital to the health of their own households, and therefore, vital to the community, how can public health officials get the cooperation that springs from knowledge?

The same question applies to diphtheria, scarlet fever, smallpox, tuberculosis and other contagions. In all of these diseases early diagnosis is the key to their control. Prompt report, effective isolation and efficient medical care is the rest of the story.

It is, therefore, plain enough that publicity through a wide use of printers' ink; through the cooperation of the press in all lan-



guages; through lantern slide demonstrations, lectures and moving pictures; through health exhibits, charts and mechanical devices, is of greatest importance in the education of the public. By means also of weekly and monthly and special issues of bulletins and magazines, published by the health department, and by educational campaigns during special days and weeks appointed by the mayor and health commissioner our citizens come to know the facts.

With such means of publicity count upon churches and schools and social centers, clubs and associations, social, commercial, educational and philanthropical, to spread the truth. The State Department of Public Health of Illinois has a Division of Child Hygiene and Public Health Nursing, whose business it is to plan and conduct baby conferences, give talks on infant and child hygiene and assist in all child welfare work. When you need help, write to this Department and it will be cheerfully given to you.

### Aims of Baby-Saving Work

The aims of the baby-saving work are to

Keep the well babies well.

Give nursing care to sick babies.

Teach the mothers the essentials of personal hygiene and baby hygiene.

If possible prenatal care and care of the mother in confinement should be added to the plan.

### Essentials in Baby-Saving Work

A doctor and a nurse who have been especially trained in the hygiene and diseases of infancy are the first requisites. If you can add to this an obstetrician and an obstetrical nurse the plan is greatly strengthened. Work of this sort must of necessity be done under competent medical supervision. At the outset you will want to enlist the interest and cooperation of your health department, of the local medical society and the nursing organizations.

It is desirable that the headquarters for the work be in some social or neighborhood center—usually a school building, a social settlement, or a room in a parish house or church.

### Infant Welfare Conference

The first step in the baby-saving work is usually the establishment of what is known as an "infant welfare conference," or a "feeding conference" for the well babies. This is held once a week, or, if the district is a very congested one, more frequently. The interest of the mothers of the neighborhood is aroused and they are invited to bring their babies to the conference which is held at some regular hour which will not interfere with the housekeeping arrangements. A necessary part of the equipment of the conference room is a pair of baby scales.

The nurse receives the baby, weighs it, enters its name on a card, records the weight, and other information in regard to it. Then she passes the baby on to the doctor who makes a careful examination and advises the mother as to care and feeding. The mothers are urged to bring their babies for this examination and advice once a week and in the meanwhile to notify the nurse in case of sickness. The nurse follows up the visits to the welfare conference by home instruction of the mothers and home care of the sick babies.

### Prenatal Care and Obstetrical Clinics

As the work progresses the confidence of the mothers is won more and more by the nurse and the doctor. The prospective mother also asks advice. This opens the way for the establishment of an obstetrical clinic under the care, of course, of a physician—man or woman—who has had especial experience in this branch of medicine. After the mother has made the necessary preliminary visits to the clinic the nurse makes frequent follow-up visits to the home, and under the direction of the physician advises the expectant mother as to diet, clothing, etc.

The obstetrical nurse takes care of the mother under the direction of the physician during confinement. When the baby is twelve days old, or as soon as possible after that it is registered at the welfare conference. As soon as the mother is able she begins attending the conference, continuing her visits every week or two, until the baby is a year old, or longer, if necessary.

### Plans Adapted to Needs of Community

These are the barest outlines of the plan that is followed in a number of the organizations that are identified and affiliated with the American Association. Nearly all of these organizations are in touch with hospitals—either hospitals which have obstetrical clinics, or which have maternity wards, or in case of the babies themselves, hospitals that are for the very sick cases that can not be properly cared for at home.

### Study of Local Conditions—A Necessary Preliminary Step

A necessary preliminary step for any organization that is going to undertake carefully planned baby-saving work is a study of local conditions—that is so far as they relate to the care and welfare of the mothers and babies in that particular community. If a study or survey of this sort is undertaken, the following steps are desirable:

#### Points to be Considered in Study of Local Conditions

1. Enlist the interest of your Health Officer, and Find out from him whether the law requiring the registration of births is enforced.



Get an estimate of the total number of births each year.

Find out how many births were reported last year by midwives and how many by physicians.

Check up the figures obtained from the Health Department by finding out whether the births of the babies in your own acquaintance have been registered. (For detailed suggestions in regard to Birth Registration tests write to the Children's Bureau, Washington, for copies of the pamphlets published by the Bureau on this subject.)

Find out the total number of deaths of children under one year, each year, for the last three years. Compare this with the number of births reported each year.

Find out the total number of deaths, last year, under one year during the summer months. Compare this with the number during the winter months.

Find out the number of deaths, last year, during the first day and first month of life.

If possible get the figures by districts and they will show you where the need for preventive and educational work among the mothers is greatest.

2. Look into the quality of the milk that is available for the babies who have to be bottle fed.
3. Find out what hospital care is available for sick babies.
4. Find out whether any visiting nursing is done.
5. Find out what provision is made for prenatal care or the instruction of the expectant mother.

Find out the character of the obstetrical service available.

How many midwives practice in your city or town.

How is their practice regulated.

What hospital provision have you for obstetrical care.

Is any provision made by the hospital or by any organization for the care of the mother in her own home during confinement?

This information will show you what agencies are already in existence and where the need for welfare work for mother and baby is greatest. Having obtained it you will be ready to formulate plans that are best adapted to the needs of your community.

### **Is Your Child's Birth Recorded? It Is Important That It Should Be.**

To prove his age and citizenship.

To prove his right to go to school.

To prove his right to work.

To prove his right to an inheritance.

To prove his right to marry.

To prove his right to hold office.

To prove his right to secure passports for foreign travel.

To prove his mother's right to a widow's pension.

## The War and Birth Registration

The drafting of thousands of men for military service has emphasized the need for more complete birth registration. Young men have been confronted with the necessity of furnishing proof of age and citizenship, and have found proof lacking on account of faulty laws or imperfect enforcement of the law.

### USEFUL BOOKS

#### The Mother

Sadler, Drs. W. L. & L. K., *THE MOTHER AND HER CHILD*. A. C. McClurg & Co., Chicago, Ill., 1917, \$1.75.

Slemons, Dr. J. M., *THE PROSPECTIVE MOTHER*. D. Appleton & Co., New York, N. Y., 1918, \$1.75.

West, Mrs. Max. *PRENATAL CARE*. U. S. Children's Bureau, Washington, D. C., 1913, free.

#### The Baby

East, C. W. *DIET LISTS FOR FEEDING INFANTS AND YOUNG CHILDREN*. Dept. Public Health, Division Child Hygiene, Springfield, Illinois.

Grulee, Dr. C. G. *INFANT FEEDING*. W. B. Saunders Co., Philadelphia, Pa., 1917, \$2.75. (Manual for nurses and doctors.)

Holt, Dr. L. E. *CARE AND FEEDING OF CHILDREN*. D. Appleton & Co., New York, N. Y., 1918, 85c.

Kerley, Dr. C. G. *SHORT TALKS WITH YOUNG MOTHERS*. G. P. Putnam's Sons, New York, N. Y., 1918, \$1.00.

Ramsey, Dr. W. R. *CARE AND FEEDING OF INFANTS AND CHILDREN*. J. B. Lippincott Co., Philadelphia, Pa., 1916, \$2.00. (Manual for nurses.)

Weddell, Dr. Francis. *HOW TO TAKE CARE OF THE BABY*. Bobbs-Merrill Co., Indianapolis, Ind., 1915, 75c.

West, Mrs. Max. *INFANT CARE*. U. S. Children's Bureau, Washington, D. C., 1914, free.

#### The Child

Drummond, Dr. W. B. *THE CHILD; HIS NATURE AND NURTURE*. E. P. Dutton & Co., New York, N. Y., 1916, \$1.00.

Furst, M. L. & Vanderbilt, S. S. *DIETARY FOR CHILDREN*. National Federation of Day Nurseries, New York, (105 East 22d St.,) N. Y., 1918, 10c.

Hunt, C. L. *SCHOOL LUNCHES*. U. S. Department of Agriculture, Washington, D. C., Farmer's Bulletin 712, 1916, free.

Hunt, C. L. *FOOD FOR YOUNG CHILDREN*. U. S. Department of Agriculture, Washington, D. C., Farmer's Bulletin 717, 1916, free.



Mendenhall, Dr. D. R. & Daniels, A. L. WHAT TO FEED THE CHILDREN. College of Agriculture, University of Wisconsin, Madison, Wis., free.

Terman, Dr. L. M. HYGIENE OF THE SCHOOL CHILD. Houghton, Mifflin Co., Boston, Mass., 1917, \$1.75.

West, Mrs. Max. CHILD CARE. U. S. Children's Bureau, Washington, D. C., 1918, free.

### General

Delano, J. A. & McIsaac, Isabel. AMERICAN RED CROSS TEXT-BOOK ON ELEMENTARY HYGIENE AND HOME CARE OF THE SICK. P. Blakiston's Son & Co., Philadelphia, Pa., 1918, \$1.00.

Lippert, Dr. F. E. & Holmes, Dr. Arthur. WHEN TO SEND FOR THE DOCTOR. J. B. Lippincott Co., Philadelphia, Pa., 1913, \$1.25.

Meigs, Dr. G. L. MATERNAL MORTALITY. U. S. Children's Bureau, Washington, D. C., 1917, free.

Mendenhall, Dr. D. R. MILK THE INDISPENSABLE FOOD FOR CHILDREN. U. S. Children's Bureau, Washington, D. C., 1918, free.

Rose, Mrs. M. S. FEEDING THE FAMILY. The Macmillan Co., New York, N. Y., 1916, \$2.10.

Stimpson, Dr. W. G. PREVENTION OF DISEASE AND CARE OF THE SICK. U. S. Public Health Service, Washington, D. C., 1917, free.



Illinois Standard of Weights and Measurements of Normal Children
Prepared by the STATE DEPARTMENT OF PUBLIC HEALTH

MALES

	Height Inches			Weight Pounds			Circum. Head			Circum. Chest			Circum. Abdomen			Lat. diam. Chest			Ant. Post. dia. Chest			Length Arm			Length Leg			
Age Mo.	Nor.	Min.	Max.	Nor.	Min.	Max.	Nor.	Min.	Max.	Nor.	Min.	Max.	Nor.	Min.	Max.	Nor.	Min.	Max.	Nor.	Min.	Max.	Nor.	Min.	Max.	Nor.	Min.	Max.	Age Mo.
3	23	23	24	13	11	14	16	16	17	16	16	17	16	15	16	4	4	5	4	4	4	9	9	10	10	9	10	3
4	24	24	25	14	13	16	17	16	17	16	16	17	16	16	17	5	5	5	4	4	4	9	9	10	10	10	11	4
5	25	25	26	16	15	18	17	16	17	16	17	17	16	16	17	5	5	5	4	4	4	9	9	10	11	10	11	5
6	26	26	27	18	16	19	17	17	17	16	17	17	17	16	17	5	5	5	4	4	4	10	9	10	11	10	11	6
7	27	26	27	19	17	20	17	17	17	17	17	17	18	17	16	5	5	5	4	4	4	10	10	11	11	11	12	7
8	27	27	28	19	18	21	17	17	18	17	17	17	18	17	17	5	5	5	4	4	5	10	10	11	11	11	12	8
9	28	27	28	20	18	21	18	17	18	17	17	17	18	17	17	5	5	5	4	4	5	11	10	11	12	11	12	9
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12	29	28	29	21	20	23	18	18	18	18	18	18	19	17	17	5	5	6	4	4	5	11	11	12	13	12	13	12
13	29	29	30	22	21	24	18	18	18	18	18	19	19	18	17	5	5	6	4	4	5	11	11	12	13	12	13	13
14	30	29	30	23	21	24	18	18	19	18	18	19	19	18	17	5	5	6	4	4	5	12	11	12	13	12	13	14
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16	31	30	31	24	22	25	18	18	19	18	18	19	19	17	17	6	5	6	4	4	5	12	11	12	13	13	14	16
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23	33	33	34	26	25	28	19	19	19	19	19	19	20	18	18	6	6	6	5	4	5	13	12	13	15	14	15	23
24	33	33	34	27	25	28	19	19	19	19	19	19	20	19	18	6	6	6	5	4	5	13	13	14	15	14	15	24
25	34	33	34	27	26	29	19	19	19	19	19	19	20	19	18	6	6	6	5	4	5	13	13	14	15	15	16	25
26	34	33	34	28	26	29	19	19	19	19	19	19	20	19	18	6	6	6	5	4	5	13	13	14	15	15	16	26
27	34	34	35	28	27	30	19	19	19	19	19	20	19	18	18	6	6	6	5	4	5	14	13	14	15	15	16	27
28	35	34	35	29	27	30	19	19	19	19	19	20	19	18	18	6	6	6	5	4	5	14	13	14	15	15	16	28
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30	35	35	36	29	28	31	19	19	19	19	19	20	19	19	19	6	6	6	5	4	5	14	13	14	15	15	16	30
31	35	35	36	30	28	31	19	19	19	19	19	20	19	19	19	6	6	6	5	4	5	14	14	15	16	16	17	31
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37	37	36	37	32	30	33	19	19	20	19	19	20	19	19	19	6	6	6	5	4	5	14	14	15	16	16	17	37
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40	38	37	38	33	31	34	20	19	20	19	19	20	19	19	19	6	6	6	5	4	5	14	14	15	16	16	17	40
41	38	38	39	33	31	34	20	19	20	19	19	20	19	19	19	6	6	6	5	4	5	14	14	15	16	16	17	41
42	38	38	39	33	32	35	20	19	20	19	19	20	19	19	19	6	6	6	5	4	5	14	14	15	16	16	17	42
43	38	38	39	33	32	35	20	19	20	19	19	20	19	19	19	6	6	6	5	4	5	14	14	15	16	16	17	43
44	38	38	39	34	32	35	20	19	20																			



# His Standard of Weights and Measurements of Normal Children

Prepared by the STATE DEPARTMENT OF PUBLIC HEALTH

## FEMALES

	Height Inches			Weight Pounds			Circum. Head			Circum. Chest			Circum. Abdomen			Lat. diam. Chest			Ant. Post dia. Chest			Length Arm			Length Leg			
Age Mo.	Nor.	Min.	Max.	Nor.	Min.	Max.	Nor.	Min.	Max.	Nor.	Min.	Max.	Nor.	Min.	Max.	Nor.	Min.	Max.	Nor.	Min.	Max.	Nor.	Min.	Max.	Nor.	Min.	Max.	Age Mo.
3	23 <sup>1</sup> / <sub>2</sub>	23	24	12	10 <sup>1</sup> / <sub>2</sub>	13 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	16	16 <sup>1</sup> / <sub>2</sub>	15 <sup>1</sup> / <sub>2</sub>	15	16	15	14 <sup>1</sup> / <sub>2</sub>	15 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4	4 <sup>1</sup> / <sub>2</sub>	4	3 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	9 <sup>1</sup> / <sub>2</sub>	8 <sup>1</sup> / <sub>2</sub>	9 <sup>1</sup> / <sub>2</sub>	9 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	3	
4	24 <sup>1</sup> / <sub>2</sub>	23 <sup>1</sup> / <sub>2</sub>	24 <sup>1</sup> / <sub>2</sub>	14	12 <sup>1</sup> / <sub>2</sub>	15 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	15 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	15	15 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	3 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	9 <sup>1</sup> / <sub>2</sub>	9 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	4	
5	25 <sup>1</sup> / <sub>2</sub>	24 <sup>1</sup> / <sub>2</sub>	25 <sup>1</sup> / <sub>2</sub>	15 <sup>1</sup> / <sub>2</sub>	14	17 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	16	15 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	9 <sup>1</sup> / <sub>2</sub>	9 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	5	
6	25 <sup>1</sup> / <sub>2</sub>	25 <sup>1</sup> / <sub>2</sub>	26 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	15 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	16	16 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	9 <sup>1</sup> / <sub>2</sub>	9 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	6	
7	26 <sup>1</sup> / <sub>2</sub>	26 <sup>1</sup> / <sub>2</sub>	27 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	15 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	16	16 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	9 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	7	
8	27 <sup>1</sup> / <sub>2</sub>	26 <sup>1</sup> / <sub>2</sub>	27 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	19 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17	16 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	9 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	8	
9	27 <sup>1</sup> / <sub>2</sub>	27 <sup>1</sup> / <sub>2</sub>	28 <sup>1</sup> / <sub>2</sub>	19 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	20 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	9	
10	27 <sup>1</sup> / <sub>2</sub>	27 <sup>1</sup> / <sub>2</sub>	28 <sup>1</sup> / <sub>2</sub>	19 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	21 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	10	
11	28 <sup>1</sup> / <sub>2</sub>	27 <sup>1</sup> / <sub>2</sub>	28 <sup>1</sup> / <sub>2</sub>	20 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	21 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	16 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	11	
12	28 <sup>1</sup> / <sub>2</sub>	28 <sup>1</sup> / <sub>2</sub>	29 <sup>1</sup> / <sub>2</sub>	20 <sup>1</sup> / <sub>2</sub>	19 <sup>1</sup> / <sub>2</sub>	22 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	10 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	12	
13	29 <sup>1</sup> / <sub>2</sub>	28 <sup>1</sup> / <sub>2</sub>	29 <sup>1</sup> / <sub>2</sub>	21 <sup>1</sup> / <sub>2</sub>	19 <sup>1</sup> / <sub>2</sub>	22 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	13 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	13	
14	29 <sup>1</sup> / <sub>2</sub>	29 <sup>1</sup> / <sub>2</sub>	30 <sup>1</sup> / <sub>2</sub>	21 <sup>1</sup> / <sub>2</sub>	20 <sup>1</sup> / <sub>2</sub>	23 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	13 <sup>1</sup> / <sub>2</sub>	13 <sup>1</sup> / <sub>2</sub>	14	
15	30 <sup>1</sup> / <sub>2</sub>	29 <sup>1</sup> / <sub>2</sub>	30 <sup>1</sup> / <sub>2</sub>	21 <sup>1</sup> / <sub>2</sub>	20 <sup>1</sup> / <sub>2</sub>	23 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	13 <sup>1</sup> / <sub>2</sub>	13 <sup>1</sup> / <sub>2</sub>	15	
16	30 <sup>1</sup> / <sub>2</sub>	30 <sup>1</sup> / <sub>2</sub>	31 <sup>1</sup> / <sub>2</sub>	22 <sup>1</sup> / <sub>2</sub>	21 <sup>1</sup> / <sub>2</sub>	24 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	6 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	13 <sup>1</sup> / <sub>2</sub>	14 <sup>1</sup> / <sub>2</sub>	16	
17	30 <sup>1</sup> / <sub>2</sub>	30 <sup>1</sup> / <sub>2</sub>	31 <sup>1</sup> / <sub>2</sub>	22 <sup>1</sup> / <sub>2</sub>	21 <sup>1</sup> / <sub>2</sub>	24 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	6 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	13 <sup>1</sup> / <sub>2</sub>	14 <sup>1</sup> / <sub>2</sub>	17	
18	31 <sup>1</sup> / <sub>2</sub>	30 <sup>1</sup> / <sub>2</sub>	31 <sup>1</sup> / <sub>2</sub>	23 <sup>1</sup> / <sub>2</sub>	21 <sup>1</sup> / <sub>2</sub>	24 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	19 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	6 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	14 <sup>1</sup> / <sub>2</sub>	13 <sup>1</sup> / <sub>2</sub>	18	
19	31 <sup>1</sup> / <sub>2</sub>	31 <sup>1</sup> / <sub>2</sub>	32 <sup>1</sup> / <sub>2</sub>	23 <sup>1</sup> / <sub>2</sub>	22 <sup>1</sup> / <sub>2</sub>	25 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	19 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	17 <sup>1</sup> / <sub>2</sub>	18 <sup>1</sup> / <sub>2</sub>	6 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	6 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	4 <sup>1</sup> / <sub>2</sub>	5 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	11 <sup>1</sup> / <sub>2</sub>	12 <sup>1</sup> / <sub>2</sub>	14 <sup>1</sup>			



# Height and Weight Table for Boys

Hgt. Ins.	5 Yrs.	6 Yrs.	7 Yrs.	8 Yrs.	9 Yrs.	10 Yrs.	11 Yrs.	12 Yrs.	13 Yrs.	14 Yrs.	15 Yrs.	16 Yrs.	17 Yrs.	18 Yrs.
39	35	36	37											
40	37	38	39											
41	39	40	41											
42	41	42	43	44										
43	43	44	45	46										
44	45	46	46	47										
45	47	47	48	48	49									
46	48	49	50	50	51									
47	.....	51	52	52	53	54								
48	.....	53	54	55	55	56	57							
49	.....	55	56	57	58	58	59							
50	.....		58	59	60	60	61	62						
51	.....		60	61	62	63	64	65						
52	.....		62	63	64	65	67	68						
53	.....			66	67	68	69	70	71					
54	.....			69	70	71	72	73	74					
55	.....				73	74	75	76	77	78				
56	.....				77	78	79	80	81	82				
57	.....					81	82	83	84	85	86			
58	.....					84	85	86	87	88	90	91		
59	.....					87	88	89	90	92	94	96	97	
60	.....					91	92	93	94	97	99	101	102	
61	.....						95	97	99	102	104	106	108	110
62	.....						100	102	104	105	109	111	113	116
63	.....						105	107	109	111	114	115	117	119
64	.....							113	115	117	118	119	120	122
65	.....								120	122	123	124	125	126
66	.....								125	126	127	128	129	130
67	.....								130	131	132	133	134	135
68	.....								134	135	136	137	138	139
69	.....								138	139	140	141	142	143
70	.....									142	144	145	146	147
71	.....									147	149	150	151	152
72	.....									152	154	155	156	157
73	.....									157	159	160	161	162
74	.....									162	164	165	166	167
75	.....										169	170	171	172
76	.....										174	175	176	177

# Height and Weight Table for Girls

Hgt. Ins.	5 Yrs.	6 Yrs.	7 Yrs.	8 Yrs.	9 Yrs.	10 Yrs.	11 Yrs.	12 Yrs.	13 Yrs.	14 Yrs.	15 Yrs.	16 Yrs.	17 Yrs.	18 Yrs.
39	34	35	36											
40	36	37	38											
41	38	39	40											
42	40	41	42	43										
43	42	42	43	44										
44	44	45	45	46										
45	46	47	47	48	49									
46	48	48	49	50	51									
47	.....	49	50	51	52	53								
48	.....	51	52	53	54	55	56							
49	.....	53	54	55	56	57	58							
50	.....		56	57	58	59	60	61						
51	.....		59	60	61	62	63	64						
52	.....		62	63	64	65	66	67						
53	.....			66	67	68	68	69	70					
54	.....			68	69	70	71	72	73					
55	.....				72	73	74	75	76	77				
56	.....				76	77	78	79	80	81				
57	.....					81	82	83	84	85	86			
58	.....					85	86	87	88	89	90	91		
59	.....					89	90	91	93	94	95	96	98	
60	.....						94	95	97	99	100	102	104	106
61	.....						99	101	102	104	106	108	109	111
62	.....						104	106	107	109	111	113	114	115
63	.....						109	111	112	113	115	117	118	119
64	.....							115	117	118	119	120	121	122
65	.....							117	119	120	122	123	124	125
66	.....							119	121	122	124	126	127	128
67	.....							124	126	126	127	128	129	130
68	.....							126	128	130	132	133	134	135
69	.....							129	131	133	135	136	137	138
70	.....								134	136	138	139	140	141
71	.....									138	140	142	143	144
72	.....										145	147	148	149











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